THE UNIVERSITY OF CHICAGO
BIWEEKLY PAYROLL ADJUSTMENT FORM

EMPLOYEE ID NO.	EMPLOYEE NAME	CHECK DELIVERY CODE

HOURS ADJUSTMENTS **FOR PAY PERIOD ENDING: _____**

	EARN CD	HOURS	RATE	+/-	JOB #	JOB CODE	ACCOUNT NUMBER

RETROACTIVE RATE ADJUSTMENTS (RA) **ADJUSTMENTS TO HOURLY RATE**

BEG DATE	END DATE	ACCOUNT #	JOB #	JOB DEPT	JOB CODE	EARN CODE	TOTAL AMT DUE	+/-	HOURS (up to 999)
						RAP			
						RAP			
						RAP			
						RAP			
						RAP			
						RAP			
						RAP			
						RAP			

ADJUSTMENT DETAIL: OLD RATE _____ NEW RATE: _____

EXPLANATION OF THE ADJUSTMENTS ABOVE (Must include date information):

_____ _____ _____

DEAN, DEPT. HEAD, INST. DIRECTOR, SUPERVISOR SIGNATURE DATE PHONE NUMBER

FORM DUE DATE: Second Wednesday of each biweekly pay cycle
DELIVER TO: Payroll Services, 6054 S. Drexel Suite 300